FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 08 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 535647

(2)

SOUTHERN TECHNOLOGIES, INC.

Principal Place of Business Mailing Address 780 BIG TREE DRIVE 780 BIG TREE DRIVE					<u>-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1</u>				
LONGWOOD FI		LONGWOOD FL 32750-3539			3. Date Incorporated or Qualified 3a. Date of Last Report			eport	
2 Dringing D	ace of Business	2a. Mailing Address				05/24/1977 4. FEI Number	<u>U4/</u>	/24/1996	plied For
—₁ `	ace or business	26				59-1721100			t Applicable
Suite, Apt :	#. etc.	Suite, Apt. #, etc.					EN	\$8.75	
22	•	27				Certificate of Status Desired	X	Fee Re	
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zφ	Country	Zip		untry		8. This corporation has liability for			. 199.032,
24	25	29	30				Yes		
	9. Name and Address of Curren	t Registered Agent		B1	Mana	10. Name and Address of New Re	gistered /	Agent	
	aman, Roger J.			"'	Name				
	2 KINGSTON ROAD			82	Street Addre	ss (P.O. Box Number is Not Acceptat	ole)		
LON	IGWOOD FL 32750			83					
				83					
				84	City		EI	85 Zip (Code
	d Codiana 607 050	2 and CO7 1500 Florida Ctat	itoo tho o	hous r	nomed cores	viction cultivite this statement for the r	UKDOSA O	t changing it	e registered
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorize	ed by the	he corporation	oration submits this statement for the pon's board of directors. I hereby accept	of the app	pointment as	registered
	m tamiliar with, and accept the obliga	ations of, Section 607.0505, r	-iorida Sta	aunes.					
SIGNATURE	Signature, typed or printed name of registered ago	of and title if applicable. (NC	TE: Registere	ed Ageni	signature require	d when reinstaling)	DATE		
12.	OFFICERS AND		13.	<u>~</u>	 	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	S IN 12
10116	P	☐ DELETE	1,1 3	TITLE				Change	Addition
NAME	HAMMAN, ROGER J.		1.2 N	NAME					
STREET ADDRESS	1682 KINGSTON RD.		1.3 9	1.3 STREET ADDRESS					
CHY-ST-7IP	LONGWOOD FL		1.4 0	1.4 CITY-ST-ZIP					
TITLE	V DELETE		217	21 TITLE				Change	Addition
NAME	la Pinsky, Gary (Exec.)	1:		2.2 NAME					
STREET ADDRESS	2523 RIVERTREE CR		2.3 9	STREET A	DORESS				
CITY-ST-Z#	SANFORD FL			CITY - ST-	- ZIP				T'' AAPE.
TITLE	V DELETE			3.1 TITLE				☐ Change	Addition
NAME	VORNDRAN, CHRIS J. (SR.)			NAME					
STREET ADORESS	25 OLD POST ROAD			STREET AL	1		-		
CITY-SI-ZIP	LONGWOOD FL	DELETE		CITY-ST-	- ZIP			Change	Addition
TALE		☐ DETEIE		TITLE		•		TT CHAINE	[11] Montroll
NAMÉ				NAME STORET A	DDOCCC				
STREET ADDRESS			4	STREET AL					
CITY-ST-ZIP		DELETE		CITY-ST- TITLE	ZIY			Change	Addition
TITLE		En pricit		NAME				Origingo	, ,momon
NAME CLOSEL AMONTOS					nnarec				
STREET ADDRESS			1	STREET AL CITY-ST-					
CITY ST-ZIP THEE		DELETE		TITLE	'AII'			Change	Addition
NAME		boot		NAME	İ				
OPPINE .				PAME ÉTREET AI	DDDCCC				

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the coproration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 3 if Ananged, or on an attachment with an address.

R TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT